

MONTANA PETROLEUM TANK RELEASE COMPENSATION BOARD (PTRCB)

INSTRUCTIONS FOR FORM 3 CLAIM FOR REIMBURSEMENT - CORRECTIVE ACTION

An owner, operator or an authorized claimant must submit this form (Form 3) to apply for reimbursement of corrective action costs associated with the cleanup of a release. Claims submitted for work completed more than five years prior to submission are generally not eligible for reimbursement. See §75-11-307 (2)(h), MCA. Claims submitted prior to the receipt of an Application for Eligibility Determination will be suspended until the release eligibility has been ratified by the Board. Claims should be submitted upon completion of a task or tasks of a Department of Environmental Quality corrective action plan for a single petroleum release. A separate claim form is required for each release.

The following instructions correspond with Sections 1-11 in the form. Owners, operators or remediation contractors acting on behalf of an owner or operator may submit the claim to the board. If you need assistance with filling out this form, or have questions regarding the review of the claim for reimbursement, contact Petroleum Board Staff at (406) 841-5090.

Sections 1– 4 — Owner/Operator/Claimant

Record the names, mailing addresses, telephone, fax numbers and email addresses of the owner, operator, and claimant (consultant, contractor, subcontractor, vendor, etc.) who can answer questions concerning the information submitted with this claim and who wish to be notified concerning the review of the claim. Enter the business tax identification number, federal tax identification number, or social security number of the owner or operator in the space provided.

Section 5 — Facility and Release Information

Record the facility and petroleum release information. Record the street address of the facility, not the mailing address. Record the DEQ facility identification number and the DEQ petroleum release number. If facility or release information is unknown, contact the Department of Environmental Quality (DEQ) at (406) 841-5014, for this information.

Section 6 — Detail of Costs

This section must be completed for each corrective action plan.

A. If you are applying for reimbursement for costs from more than one corrective action plan; copy page 2 of the claim form and complete page 2 for each corrective action plan for which costs are being claimed. Be sure include applicable cost modifications. The cost modification date and the cost modification should be included.

B. An invoice may be split among tasks, however the dollar amount to each task should be identified. Please record the DEQ-approved Corrective Action Work Plan title and the date the plan was prepared. **The Board web site has a list of recommended task names at <http://www.deq.mt.gov/pet/forms.asp>.** Enter the task name, the budget for the task, amount claimed, and the corresponding invoice numbers in the budget status table on page 2. An invoice number may be listed more than once. Please be sure to total the budget and amount claimed columns.

Section 7 — Total amount claimed.

Enter the total dollar amount of all claimed costs on this form. On January 1, 1998, the Board determined the minimum claim amount is \$200.00 with the following exceptions:

- a. When one set of invoices is used to document costs on multiple claims filed together, the aggregate total of these claims must equal or exceed \$200.00.
- b. When a claim includes only a simple utility or laboratory invoice, the minimum is reduced to \$100.00.
- c. Allow a claim for any amount if the five-year statute of limitation will run out before a total of \$200.00 in cleanup costs will be realized.

- d. Allow a claim for any amount if it is the final submittal for a resolved release. The claim must be clearly marked "final." No further claims can be submitted for this release unless it is reopened by DEQ.
- e. Allow claims for any amount if filing is pre-authorized by board staff.

Section 8 — Proof of Payment

Proof of payment is required for reimbursement. One of the following examples of proof of payment is sufficient:

- a. Copies of canceled check (front and back);
- b. A signed statement on the consultant's, contractor's or subcontractor's letterhead stating the amount that has been paid;
- c. PTRCB Acknowledgment of Payment (Form 6); or
- d. Designation of Representative Form (Form 5). *

*According to §75-11-307 (3), MCA, an owner or operator may designate a person as an agent to receive the reimbursement, provided the owner or operator remains legally responsible for all costs and liabilities incurred as a result of the release. If the Designation of Representative Form is used for proof of payment, the owner or operator and the Designated Representative must agree to its use. If a Designation of Representative Form is used, reimbursement will be issued and mailed directly to the Designated Representative. When proof of payment other than a Designation of Representative Form is used, reimbursement will be issued and mailed to the party identified as the owner or operator in Section 8 of this form. **Please note the Designation of Representative Form does not qualify as proof of payment for the 7% subcontractor markup.**

Section 9 — Assent to Audit

An Assent to Audit (Form 2) is also required for each consultant, contractor, or subcontractor who works at the release site. A subcontractor is defined as a person who performs billable labor in association with a corrective action at the release site when that person is under contract with the contractor/consultant (ARM 17.58.331). Subcontractor services do not include delivery or pickup services. The Board has defined a vendor as a person who provides materials necessary for corrective action at the release site or services away from the release site (ARM 17.58.311). A vendor is not required to submit an Assent to Audit. Submit Assent to Audit forms with the claim to the PTRCB. Numerous consultants, contractors, and subcontractors have an Assent to Audit on file with the board.

Section 10 — Owner/Operator Certification

If the owner or operator is submitting the claim this section must be completed. The owner or operator must sign the form and have the signature subscribed and sworn by a Notary Public

Section 11 — Claimant Certification

If the claim is submitted by a party other than the owner or operator, this certification section must be completed to establish that the claimant is authorized to submit claims on behalf of the owner or operator. This section requires the signature of the claimant to be subscribed and sworn by a Notary Public.

All items must be complete. Double check figures and information provided. Remember to attach invoices, proper invoice documentation, proof of payments, assent to audit form (if necessary), and sign and notarize the form. If this claim form is incomplete or deficient, the reimbursement may be suspended.

**MONTANA PETROLEUM TANK RELEASE COMPENSATION BOARD
CLAIM FOR REIMBURSEMENT –CORRECTIVE ACTION
FORM 3**

1. Owner – Name, Address and Contact
Phone Number:
Fax number:
Tax ID/SSN#:
Email Address:

2. Operator – Name, Address and Contact
Phone Number:
Fax Number:
Email Address:

3. Claimant – Name, Address and Contact
Phone Number:
Fax Number:
Email Address:

4. Other Person – Name, Address and Contact
Phone Number:
Fax Number:
Email Address:

5. Facility and Petroleum Release Information:
Name of Facility:
Street Address:
City/State/Zip:
DEQ Facility Identification Number:
DEQ Petroleum Release Number:

6. Detail of Costs. (Additional copies of this page may be included in each claim.)

Complete this section for the costs you wish to have reimbursed. The work claimed must be in accordance with a DEQ-approved Corrective Action Work Plan. **The costs of each different corrective action plan must be on a separate page 2. Multiple tasks may be submitted on a single claim.** Submit itemized invoices and other support documentation with this claim.

A. Name of Consultant/Contractor: _____

Mailing Address: _____

Contact Person: _____ Phone: _____

B. Corrective Action Plan Title and date (Include dates of budget modification documents if applicable and only one corrective action plan per page)

COMPLETED TASKS SUBMITTED FOR REIMBURSEMENT

Task Number	Task Name *	Budget	Amount Claimed	Invoice Numbers
Total		\$	\$	

* The task name should correspond to the names utilized by the Environmental consultant that prepared the corrective action plan identified in section 6.B above. The preferred task names can be found at <http://www.deq.mt.gov/pet/forms.asp>

7. Total amount claimed: \$ _____

8. Proof of payment is required for each invoice. Refer to **Section 8** of the instructions for acceptable proofs of payment. The reimbursement will be issued to the owner or operator unless a Designation of Representative (Form 5) has been filed with the board.

9. An Assent to Audit is required for each consultant, contractor, or subcontractor who has worked at the release site with billable labor charges.

10. Owner Certification: I certify under penalty of perjury that this claim submitted is for work that was actually completed; that the work performed was necessary to cleanup the petroleum release at the facility identified in **Section 5**; that the cost of work for which reimbursement is sought is reasonable; and that to the best of my knowledge, all information herein provided is true and correct. **NOTE: If anyone other than the owner or operator signs this form, Section 11 must be completed.**

Owner/Operator Signature

Date (mm/dd/yyyy)

Typed Name of Owner/Operator

SUBSCRIBED and SWORN to before me on this _____ day of _____ 20 _____.

Notary Public

(S E A L)

Notary Public for the State of _____

Residing at _____

My Commission Expires _____

11. Claimant Certification: I certify under penalty of perjury that I am authorized to submit claims on behalf of the owner or operator for this release and the information on this claim form is true to the best of my knowledge. This claim is submitted for work that was actually completed.

Claimant Signature

Date (mm/dd/yyyy)

Typed Name of Claimant

SUBSCRIBED and SWORN to before me on this _____ day of _____ 20 _____.

Notary Public

(S E A L)

Notary Public for the State of _____

Residing at _____

My Commission Expires _____

Submit this completed claim and supporting documents to the following address:

PETROLEUM TANK RELEASE COMPENSATION BOARD

P.O. BOX 200902

HELENA, MT 59620-0902